



## City of Huntsville Food Establishment Health Permit Application

Please fill out form completely

☐ New Establishment ☐ New Owner ☐ Name or Location Change ☐ Renewal Application

Name of Establishment \_\_\_\_\_

Establishment Location \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip Code

Telephone No. of Establishment \_\_\_\_\_ Email \_\_\_\_\_

Name of Owner \_\_\_\_\_ Owner Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City State Zip Code

Type of Establishment (please select one)

<input type="checkbox"/> Restaurant / Fast Food	<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Bakery	<input type="checkbox"/> Sno-Cone Stand
<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Mobile Food Unit	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Daycare	<input type="checkbox"/> School	<input type="checkbox"/> Deli	<input type="checkbox"/> Other (Bar/Drinks Only) Or Specify _____

Hours of Operation

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

### Fee Schedule

1 to 3 employees	\$150.00
4 or more employees	\$250.00
Mobile Food Unit	\$250.00
Daycare	\$150.00
Non-profit	\$60.00

### TOTAL # OF EMPLOYEES

\_\_\_\_\_

**FOOD MANAGERS:** is required for each establishment that serves/prepares potentially hazardous food.

**FOOD HANDLERS:** Any full or part-time person handling food or food equipment, examples:  
*Ice handlers, cooks, butchers, bakers, bar person, wait staff, concession workers, day care workers*

**CHECK, CASH, CREDIT CARD, OR MONEY ORDER MUST ACCOMPANY THIS APPLICATION.**

Mailing address: 448 SH 75 North, Huntsville, TX 77320. The holder of this permit is responsible for knowing and adhering to all ordinances pertaining to their business as provided by the City of Huntsville Code of Ordinances. **Permits must be posted in public view.**

### APPROVED BY

Applicant Name (Please Print) \_\_\_\_\_ Date \_\_\_\_\_ City Health Inspector (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ City Health Inspector Signature \_\_\_\_\_ Date \_\_\_\_\_